

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION

P. O. Box 13087

AUSTIN, TEXAS 78711-3087

Document as of February 28, 1996

TNRCC Form No. 2

NOTICE OF INTENT TO APPLY FOR A COMPOST FACILITY REGISTRATION OR PERMIT

PERMIT/REGISTRATION APPLICATION NO. MSW _____ (for TNRCC use).

Name of Facility:	
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Mailing Address of the Facility:

(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	

Name of Applicant:				
(Authorized Individual's Name)				
(Authorized Individual's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Geographic Coordinates of Permanent Site Benchmark:

Longitude	N
Latitude	W
Elevation (above msl)	

Name of Applicant: _____

Property Owner:

(Record Property Owner Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Ownership Status of Applicant:

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(Federal, State, Local, Private, Public, or Other Entity)

Deed Information:

(County)	(Book)	(Volume)	(Page)
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Easement Holders of On-Site Easements are:

Name	Address	Contact Person	Area Code Telephone & FAX

Name of Applicant: _____

Descriptive Location of Facility: (include total acreage of permit boundary, distance and direction from nearest town or city if site is outside the city limits, distance and direction from nearest roadway intersection with roads identified.)

Within City Limits of : _____

**Within Extraterritorial
Jurisdiction of City of:** _____

The Facility is Located:

_____ feet _____ of the nearest road;
(direction)

_____ miles _____ of the nearest airport/airfield;
(direction)

and,

_____ feet/miles _____ of the nearest occupied structure.
(direction)

Waste Acceptance Rate, and Site Life:

It is estimated that the site will receive an average of approximately _____ tons/cubic yards/gallons of municipal solid waste, and have an estimated life of _____ years.

Name of Applicant: _____

List the nature, type and estimated quantity of waste.

FEED STOCK TYPE	QUANTITY
Mixed Municipal Solid Waste	
Municipal Sewage Sludge	
Septage	
Grease Trap	
Paper Sludge	
Other (<i>describe</i>)	

Positively Sorted Material

	Paper			Yard Trimmings			Vegetative Food Matter
	Cardboard			Wood			Cloth
	Other (<i>describe</i>)						

Waste to be specifically excluded:

30 TAC §332.4(k) Hazardous waste. All hazardous wastes, any nonhazardous industrial solid wastes not listed in subsection 30 TAC §332.4(j) of this section, and any of the materials listed in subsection 30 TAC §332.4(j) of this section which are not managed in accordance with the requirements of this chapter, shall be managed in accordance with Chapter 335 of this title (relating to Industrial Solid Waste and Municipal Solid Waste).

Name of Applicant: _____

Traffic Impact:

The primary access routes to the site are (list roads within one mile of site to be used for site access)

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_____. Initial traffic impact is estimated to be _____ vehicles/day with an estimated ultimate traffic impact of _____ vehicles/day.

The site is located in Texas Department of Transportation District :

(TxDOT District Name & #)				
(District Engineer's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

The local governmental authority or agency responsible for road maintenance is

(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Name of Applicant: _____

Consulting Engineer:

(Responsible Engineer's Name)				
(Name of Engineering Firm)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Provide the following information for the State Senators and Representatives who represent the area in which the Municipal solid waste facility is located.

State Representative

District Number:				
State Representative's Name:				
(District Office Address)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

State Senator

District Number:				
State Senator's Name:				
(District Office Address)				
(City)(County) (State)(Zip)			TX	
(Area Code) (Phone #)				
(Area Code) (FAX #)				

Name of Applicant: _____

Provide the following information for the appropriate regional Council of Governments(COG), River Basin Information, and U. S. Army Corps of Engineers District which represents the area that the Municipal Solid Waste facility is to be located.

COG Name:				
(COG Representative's Name)				
(COG Representative's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

River Basin Information:

(River Authority)				
(Contact Person's Name)				
(Watershed Sub-Basin Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

This site is located in the following District of the U. S. Army Corps of Engineers

<input type="checkbox"/> Albuquerque, NM	<input type="checkbox"/> Ft. Worth, TX	<input type="checkbox"/> Galveston, TX	<input type="checkbox"/> Tulsa, OK
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Name of Applicant: _____

List all other permits or construction approvals, required, received or applied for to this or any government agency, whether local, state, or federal which pertain to this facility. Be specific, include permit numbers and other identifiers.

RQD = Required

REC = Received

APP = Applied For

N/A = Not Applicable

	Hazardous Waste Management program under the Texas Solid Waste Disposal Act;
	Underground Injection Control (UIC) program under the Texas Injection Well Act;
	National Pollutant Discharge Elimination System (NPDES) program under the Federal Clean Water Act (CWA) and Waste Discharge program under the Texas Water Code, Chapter 26;
	Prevention of Significant Deterioration (PSD) Program under the Federal Clean Air Act;
	Nonattainment Program under the Federal Clean Air Act;
	National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clear Air Act;
	Ocean dumping permits under the Marine Protection Research and Sanctuaries Act;
	Dredge or fill permits under of the Federal Clean Water Act;
	NPDES Stormwater Pollution Control §402 Permit;
	U. S. Army Corps of Engineers Dredge and Fill Permit §404;
	TNRCC Air Quality Permit or Registration;
	other environmental permits (provide list);

Name of Applicant: _____

Applicant's Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [30 TAC §305.44(b)]

(Signature of Applicant)				
(Type or Print Name and Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				
DATE				

Notary Public's Certificate

Subscribed and sworn to before me, by the said

_____ ,

this _____ day of _____, 19_____, to certify which witness my hand and seal of office.

Notary Public in and for _____ County, Texas

My Commission Expires _____